National Resource Center on Homelessness and Mental Illness

Safe Havens and Other Low Demand Programs

June 2004

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are $.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

Order #:   **610**

Authors: Appleby, L., Slagg, N. and Desai, P.N.

Title: **The Urban Nomad: A Psychiatric Problem.**

Source: In Masserman, J.H. (ed.), Current Psychiatric Therapies, Vol. 21, 1982. (Book Chapter: 10 pages)

Abstract: The authors compare chronic recidivists and the general psychiatric admissions populations during 1977 on various demographic and hospitalization factors. Data on 102 undomiciled patients (a subgroup of the chronic recidivist sample) is presented for comparative purposes. Findings reveal that the chronic recidivists were younger, and more often white males and single than the general psychiatric population. The authors discuss their proposal for a low-demand drop-in center to attract highly transient former mental patients who are alienated from more formal services. The authors contend that such a program would provide one alternative to the psychiatric hospital as the initial entry point to services.

Order #:   **7902**

Authors: Barrow, S., Zimmer, R.

Title: **Transitional Housing and Services: A Synthesis.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 35 pages)

Abstract: This paper describes what the concept of transitional housing encompasses and where the boundaries between transitional housing and related concepts -- emergency shelter, residential treatment programs, permanent supportive housing -- can most usefully be drawn. "Low demand" and "high demand" approaches to providing transitional housing for homeless families and individuals are described, and the limited research on transitional housing programs and approaches is reviewed. The paper concludes by identifying research issues that need to be addressed in order to adequately inform policies intended to move individuals and families from homelessness to housing (authors).

Available From: The National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415. www.nrchmi.samhsa.gov.

Order #:   **38**

Authors: Barrow, S.M.

Title: **Delivery of Services to Homeless Mentally Ill Clients: Engagement, Direct Service and Intensive Case Management at Five CSS Programs.**

Source: New York, NY: New York State Psychiatric Institute, 1988. (Report: 34 pages)

Abstract: This report examines five innovative programs for homeless people with mental illnesses in New York City. Using non-traditional methods (mobile outreach, low-demand drop-in services) to recruit clients from streets and shelters, staff provide or coordinate a broad range of emergency, social, and clinical services in an effort to help clients achieve more stable life circumstances. Data on a sample of clients are presented to address four questions: How do the programs involve clients in the service process? What services do clients receive directly from the programs? What referral and case management services are provided? What do these data imply for service delivery to homeless people who have mental illnesses?

Available From: Epidemiology of Mental Health Disorders Research Department, New York State Psychiatric Institute, 100 Haven Tower 11, 1051 Riverside Drive, New York, NY 10032, (212) 543-5000, http://nyspi.org/Kolb/index.htm.

Safe Havens and Other Low Demand Programs

Authors: Barrow, S.M., Rodriguez, G.M.S.

Title: **Closer to Home: Interim Housing for Long-Term Shelter Residents: A Study of the Kelly Hotel.**

Source: New York, NY: Corporation for Supportive Housing, 2000. (Report: 81 pages)

Abstract: Recent evidence that a subgroup of individuals who are homeless have become long-term residents of New York City shelters has spurred a search for new approaches to engage them in services and providing appropriate housing alternatives. The Kelly Hotel Transitional Living Community (TLC), developed by the Center for Urban Community Services (CUCS) with first year funding from the Corporation for Supportive Housing, is one pioneering effort to help mentally ill long-term shelter residents obtain housing. This report presents results of an evaluation describing the TLC model, its implementation by CUCS, and outcomes achieved by its initial group of residents.

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, www.csh.org.

Authors: Barrow, S.M., Soto, G.

Title: **Closer To Home: An Evaluation of Interim Housing for Homeless Adults.**

Source: New York, NY: Corporation for Supportive Housing, 1996. (Report: 105 pages)

Abstract: This report presents the results of a 15-month study of a model of interim housing designed to provide temporary accommodations for homeless people living in public places and to facilitate their transition into long-term housing. The study focuses on how six agencies serving New York City's "street" homeless have implemented interim housing to help their clients gain access to housing that suits their preferences and needs. The interim housing programs examined here consist of shared apartments and single or double rooms in SROs and YMCAs. Although the sites vary in administrative structure and in the amenities and service they offer, the interim accommodations all provide greater privacy, stability and protection than the streets, drop-in centers or church shelters. They also give programs a means to engage clients who are ambivalent about services and enhance their interest in seeking housing. A baseline resident profile form is included (authors).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, information@csh.org, www.csh.org (COST: $15.00)

Authors: Baumohl, J.

Title: **Alcohol, Homelessness, and Public Policy.**

Source: Contemporary Drug Problems 16: 281-300, 1989. (Journal Article: 20 pages)

Abstract: This article focuses on homeless alcoholics, and the class-structure within the homeless population. The author asserts that much like the public, the homeless population regard alcoholics, along with drug addicts, as the most disreputable and troublesome of the homeless. The author explores possible alternatives to traditional residence programs or shelters which often refuse to house substance abusers. Instead, the author suggests wet hotels (SROs) to get homeless alcoholics off the streets (author).

Order #: **1294**

Authors: Baumohl, J., and Huebner, R.B.

Title: **Alcohol and Other Drug Problems Among the Homeless: Research, Practice, and Future Directions.**

Source: Housing Policy Debate 2(3): 837-866, 1991. (Journal Article: 30 pages)

Abstract: At least 50% of America's homeless people currently have significant problems with alcohol and other drugs. This paper reviews what is known about homeless people with alcohol and other drug problems; assesses the relationship between such individual problems and the larger phenomenon of homelessness; and describes selected aspects of projects funded through the National Institute on Alcohol Abuse and Alcoholism/National Institute on Drug Abuse Demonstration Program for Homeless Persons with Alcohol and Other Drug Problems. It concludes with observations about future directions for research and practice.

Order #: **7156**

Authors: Bhugra, D., Bhamra, J., Taylor, P.

Title: **Users' Views of a Drop-In Project for the Homeless.**

Source: International Journal of Social Psychiatry 43(2): 95-103, 1997. (Journal Article: 9 pages)

Abstract: Homeless adults attending a drop-in voluntary project were approached to assess their views on the project, pathways to homelessness, physical and mental health needs, and history of substance misuse. Over a six week period 70 users were interviewed. Of these, 54 (77%) were men and the rest were women. Twenty-five (35%) were living in insecure accommodation. A significant proportion 61% (43) acknowledged having suffered from emotional or mental health problems in the past, and nearly half (47%) admitted to having received a psychiatric diagnosis. Nearly one third reported past criminal record. The use of substances (drugs and alcohol) was fairly common. There were no ethnic differences in the findings, although the numbers from ethnic minorities remain small. This is not a typical homeless sample, but the findings suggest vulnerability of such a group. The group was, by and large, satisfied with the open access and flexible approach of the project. The findings are discussed in relation to the acceptable services provided by voluntary organizations and suggestions made for further studies (authors).

Order #: **1934**

Authors: Blankertz, L. E., Cnaan, R. A., Saunders, M.

Title: **Assessing the Impact of Serving the Long-Term Mentally Disabled Homeless.**

Source: Journal of Sociology and Social Welfare 19(4): 199-220, 1992. (Journal Article: 22 pages)

Abstract: The purpose of this paper is to evaluate the effectiveness of one rehabilitation service approach which is serving long term mentally disabled homeless individuals. After summarizing the principles of care as stated in the literature, the authors describe a program providing specialized services for these individuals, a Low Demand Respite (LDR) which utilizes psychosocial rehabilitation. The outcomes of 160 clients participating in the program between 1985-88 are presented together with data analysis to determine the impact of client characteristics and specific program elements on successful outcomes.

Order #: **1765**

Authors: Blankertz, L.E., Cnaan, R.A.

Title: **Principles of Care for Dually Diagnosed Homeless Persons: Findings from a Demonstration Project.**

Source: Research on Social Work Practice 24(4): 448-464, 1992. (Journal Article: 17 pages)

Abstract: This article describes the development of an urban demonstration program for dually diagnosed homeless persons and describes the characteristics of the homeless client. Monthly monitoring indicated that the original low-demand residential services alone were not productive toward rehabilitation. Consequently, key modifications were added to the program that resulted in seven principles of care. Findings from the data analysis indicate that the revised program design effectively decreased negative client behaviors and increased active participation in rehabilitation activities (authors).

Order #: **366**

Authors: Breton, M.

Title: **A Drop-In Program for Transient Women: Promoting Competence Through the Environment.**

Source: Social Work 29(6): 542-546, 1984. (Journal Article: 5 pages)

Abstract: The authors describe a drop-in center for homeless women in Toronto in which 50% of the clients are former psychiatric patients. The goal of the program is competence building, based on the development of a nurturing physical environment in which realistic expectations are set. The center's design and operation are based on the premise that the physical setting is a crucial factor in providing support and assistance to clients. The authors discuss how the center's environment and activities facilitate the reintegration process for homeless women.

Order #: **648**

Authors: Breton, M.

Title: **The Need for Mutual-Aid Groups in a Drop-In for Homeless Women: The Sistering Case.**

Source: Social Work With Groups 11(4): 47-61, 1989. (Journal Article: 15 pages)

Abstract: Sistering is a Toronto city drop-in center that serves a diverse population of transient and homeless women. This article reviews the nurturing/education approach of this program and discusses the need for structure and integration of small mutual-aid groups within drop-in programs.

Order #: **11325**

Authors: Bridgman, R.

Title: **A Safe Haven for Chronically Homeless Women: A Model Program in Toronto.**

Source: International Journal of Mental Health 30(2): 79-89, 2001. (Journal Article: 10 pages)

Abstract: This case study of an innovative pilot project for chronically homeless women in Toronto, Canada, contributes to knowledge about how women who are homeless survive life on the streets and about the everyday practices that frontline staff employ in work with these women. The findings further understanding of the multiple, subtle, and shifting levels of distrust and trust involved in work with women who are chronically homeless with mental illness (author).

Order #: **11688**

Authors: Bridgman, R.

Title: **Housing Chronically Homeless Women: "Inside" a Safe Haven.**

Source: Housing Policy Debate 13(1): 51-81, 2002. (Journal Article: 31 pages)

Abstract: This article examines an innovative safe haven model for providing services targeted at hard-to-serve clients - chronically homeless, mentally ill women. This model is designed as an unlimited stay and low-demand environment, with high support from staff. This article challenges conventional static understandings of the concepts of "private" and "public" and explores issues related to spatial privacy and communality, sense of ownership, ideas about the safe haven being both a home and a hostel, planning for flexibility, accountability to public funders, and accommodation of individual needs (authors).

Order #:   **1679**

Authors: Coalition of Voluntary Mental Health, Mental Retardation and Alcoholism Agencies.

Title: **Low Demand Residence Discussion Paper.**

Source: New York, NY: The Coalition of Voluntary Mental Health, Mental Retardation and Alcoholism Agencies, Inc., 1989. (Report: 9 pages)

Abstract: A Low Demand Residence Work Group was organized through the efforts of several providers in New York State, representing both homeless mentally ill service providers and community residence providers. This discussion paper reflects the information, ideas, and recommendations which emerged from a series of work group meetings. The work group found that the low demand residence can become an important element of a comprehensive system of care for the homeless mentally ill. Whether serving individuals from the street, a shelter, or a drop-in center, low demand residence can offer a safe housing environment which tolerates a wide range of behavior. The proposed program model provides essential services in a non-threatening manner which will eventually lead to the engagement of the client in an individualized program of psychosocial rehabilitation. Provision of services on-site affords a higher degree of accessibility and availability than might otherwise be possible, and maximizes opportunities for engagement (authors).

Available From: The Coalition of Voluntary Mental Health Agencies, Inc., 90 Broad Street, 8th Floor, New York, NY 10004, (212) 742-1600, www.cvmha.org.

Order #:   **2244**

Authors: Culhane, D.P.

Title: **Ending Homelessness Among Women with Severe Mental Illness: A Model Program From Philadelph**

Source: Psychosocial Rehabilitation Journal 16(1): 63-76, 1992. (Journal Article: 8 pages)

Abstract: This article discusses the Women of Hope program in Philadelphia that was initiated to serve "noncompliant," treatment-resistant homeless women with mental illness and a history of living on the streets. Through aggressive outreach and a low-demand congregate housing program, Women of Hope has been successful in bringing 120 women off the streets. Residents are not required to undergo treatment or to stay in the program, but are encouraged over time to seek mental health services and medical treatment. Former residents can be found primarily in independent housing and secondarily in highly and moderately structured housing. The author contends that a lack of programs like Women of Hope has been a significant factor in the development of homelessness among people with mental illness in the past, and the effective planning of more programs like it will be necessary to prevent homelessness in the future (author).

Order #: **1983**

Authors: Dixon, L., Friedman, N., Lehman, A.

Title: **Compliance of Homeless Mentally Ill Persons With Assertive Community Treatment.**

Source: Hospital and Community Psychiatry 44(6): 581-583, 1993. (Journal Article: 3 pages)

Abstract: This paper reports preliminary data on the first 26 patients to complete three months of treatment in a prospective study to assess compliance patterns of a sample of homeless people with mental illnesses. Specifically, the study evaluated compliance patterns of homeless patients receiving psychiatric care and case management services from an assertive community treatment (ACT) team in Baltimore. Although these data are preliminary, they show that homeless patients with mental illnesses who were offered an assertive community outreach approach with comprehensive services, were largely able to adhere to treatment recommendations in most domains except for daily structure. Patients were least compliant in the domain of daily structure, suggesting the importance of low-demand housing and drop-in centers for these individuals.

Order #: **1350**

Authors: Federal Task Force on Homelessness and Severe Mental Illness.

Title: **Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illness**

Source: Washington, DC: Interagency Council on the Homeless, 1992. (Report: 91 pages)

Abstract: Representatives from all major federal departments whose policies and programs directly affect the homeless population with serious mental illnesses met over an 18-month period and issued this report to the Interagency Council on the Homeless. The authors present a plan of action that they believe reflects a vital first step toward ending homelessness among people with serious mental illness. The report: (1) outlines fundamental principles and the essential components of an integrated and comprehensive system of care for homeless people with serious mental illness; (2) identifies immediate action steps and more long-term systemic measures that federal departments can take to facilitate state and local efforts; (3) proposes new opportunities for states and communities to develop, test, and improve the organization, financing, and delivery of a wide range of essential services for homeless people with severe mental illnesses; and (4) recommends steps that state and local organizations can take to respond more appropriately to the needs of homeless people with serious mental illnesses.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **2389**

Authors: Lipton, F.R.

Title: **Housing Homeless People with Severe Mental Illness: Why Safe Havens?**

Source: Washington, DC: Paper presented at the "Creating Safe Havens for Homeless Persons With Severe Mental Illness" Workshop, November 18-19, 1993. (Presentation: 21 pages)

Abstract: This paper was presented at the "Creating Safe Havens for Homeless Persons With Severe Mental Illness" Workshop, sponsored by Center for Mental Health Services (CMHS) and United States Department of Housing and Urban Development (HUD) in the fall of 1993. The author reviews the Safe Havens Program, first authorized under the 1992 Amendments to the Stewart B. McKinney Homeless Assistance Act, to provide residential and support services for homeless individuals with mental illnesses coming from the streets, shelters and emergency services. The author then describes the target population and delineates the parameters of the safe haven concept. Lastly, three program models that have characteristic of what the author envisions a safe haven to be are reviewed (author).

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Authors: Lowery, M.

Title: **LAMP in L.A.'s Skid Row: A Model for Community-Based Support Services.**

Source: In Stein, L.I. (ed.), Innovative Community Mental Health Programs. New Directions For Mental Health Services 56: 89-98. San Francisco, CA: Jossey-Bass, Inc., 1992. (Book Chapter: 10 pages)

Abstract: This chapter describes the story of Los Angeles Men's Place (LAMP) - how they got started, what some of the struggles have been along the way, and how they have collectively managed to become a creative, effective model for serving the needs of homeless individuals diagnosed with serious mental illness. LAMP includes a drop-in center, shelter, drug treatment program, transitional residence, and four businesses which both employ LAMP guests as well as provide basic community amenities (author).

Available From: Jossey-Bass Inc., Publishers, c/o Wiley, 10475 Crosspoint Blvd., Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com/WileyCDA/.

Authors: McMurray-Avila, M.M., Gelberg, L., Breakey, W.R.

Title: **Balancing Act: Clinical Practices that Respond to the Needs of Homeless People.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 45 pages)

Abstract: This paper describes special adaptations to clinical practice necessary for addressing the most common health problems of homeless individuals and families. A case is made for the integration of primary care, mental health, and substance abuse services as the preferred approach to care for this population, based on the complexity of multiple interrelated health problems that are seen. Homeless people face numerous barriers to access which can be overcome by adaptations to the structure of the delivery system, including extensive outreach, mobile sites and flexibility in policies and procedures. The nature of the homeless condition also calls for special adaptations in the areas of intake and assessment, clinical preventive strategies, diagnosis, follow-up to assure continuity of care, referrals to specialty care, and linkages to other services. Specific adaptations for treatment of physical and mental illnesses are presented. The paper concludes with comments on what still needs to be learned regarding costs and outcomes of care, as well as threats that challenge successful continuation of this work.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Authors: Meek, C.M.

Title: **Consumer-Run Drop-In Centers as Alternatives to Mental Health System Services.**

Source: Innovations & Research 3(1): 49-51, 1994. (Journal Article: 3 pages)

Abstract: This article discusses creative alternatives, such as consumer-run drop-in centers to assist patients to live independently without having to resort to the more traditional mental health system services. It also demonstrates how effective the drop-in centers are in getting consumers involved in social activities within the community.

Order #:   **2125**

Authors: Mowbray, C.T., Tan, C.

Title: **Consumer-Operated Drop-In Centers: Evaluation of Operations and Impact.**

Source: Journal of Mental Health Administration 20(1): 8-19, 1993. (Journal Article: 12 pages)

Abstract: This evaluation study focused on six consumer-operated drop-in centers, each established for at least two years. These centers served a combined total of 1,445 consumers and were funded as demonstration projects by the Michigan Department of Mental Health. Structured interviews of consumer-users of these centers indicated that the program was meeting its funding intentions of serving people with serious mental illness and of creating an environment promoting social support and shared problem solving. Levels of satisfaction were uniformly high; there were few differences across centers (authors).

Order #:   **1653**

Authors: Mowbray, C.T., Tan, C.

Title: **Evaluation of an Innovative Consumer-Run Service Model: The Drop-In Center.**

Source: Innovations & Research 1(2): 19-24, 1992. (Journal Article: 6 pages)

Abstract: This article describes the development and operation of demonstration projects designed to implement consumer-run drop-in centers. Results focus on the extent to which the centers meet programmatic expectations, collecting retrospective satisfaction and impact assessments from participants, and examining differences in operations across the six centers studied. The evaluation found that the centers were meeting their mandates to provide acceptance, social support, and problem-solving assistance. The intended target population of persons with serious mental illness was being served. High levels of satisfaction were found, as well as participants feeling that they actually ran their centers (authors).

Order #:   **1735**

Authors: National Association of State Mental Health Program Directors.

Title: **Segregated Housing on the Basis of Age and Disability (Including Mental Illness) Now the National Policy in Public and Federally Assisted Housing.**

Source: Alexandria, VA: National Association of State Mental Health Program Directors, 1992. (Report: 19 pages)

Abstract: This report summarizes many of the changes put in place by the Housing and Community Development Act of 1992. These include the reauthorization of the Stewart McKinney Homeless Assistance Programs and amendments or revisions to the Comprehensive Housing Affordability Strategy rules, HOME Investment Partnerships, Section 202/811 Elderly-Disabled Program, as well as modifications to the McKinney Shelter Plus Care program and the establishment of the Safe Haven program demonstration.

Order #:   **3337**

Authors: National Institute on Alcohol Abuse and Alcoholism.

Title: **Community Demonstration Grant Projects for Alcohol and Drug Abuse Treatment of Homeless Individuals: Final Evaluation Report, Vol. 1-4.**

Source: Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1992. (Report: 1000 pages)

Abstract: The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Community Demonstration Program received funding in 1988 through the Stewart B. McKinney Homeless Assistance Act of 1987. This funding was used to support nine community-based grant projects providing services to homeless individuals with alcohol and other drug problems located in eight cities including: Anchorage, AK; Boston, MA; Los Angeles, CA; Louisville, KY; Minneapolis, MN; New York City; Oakland, CA; and two projects in Philadelphia, PA. This four volume report provides an overview of the findings from the national evaluation of this program, demographics on client characteristics, results of the outcome evaluation, case studies of the nine demonstration sites, and descriptions of the specific treatment interventions.

Order #:   2921

Authors: National Resource Center on Homelessness and Mental Illness.

Title: **Creating Safe Havens for Homeless Persons with Severe Mental Illness: A Workshop Summary.**

Source: Washington, DC: Center for Mental Health Services, and U.S. Department of Housing and Urban Development, 1995. (Conference Summary: 10 pages)

Abstract: In November 1993, the Homeless Programs Branch of the Center for Mental Health Services (CMHS) and the U.S. Department of Housing and Urban Development (HUD) co-sponsored a workshop in Washington, D.C. on developing Safe Havens for homeless persons with serious mental illnesses. Safe Havens are intended to provide shelter and services to homeless persons who may not initially be willing or able to accept shelter or who cannot be sheltered due to problematic behavior. These services are most often provided in a low-demand setting that seeks to nurture trust among residents and gradually leads to increased expectations of the residents to participate in mental health treatment and services. This document summarizes the workshop proceedings and provides descriptions of programs using the Safe Havens model.

Order #:   7736

Authors: National Resource Center on Homelessness and Mental Illness.

Title: **In from the Cold: A Tool Kit for Creating Safe Havens for Homeless People on the Street.**

Source: Washington, DC: U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development, 1999. (Tool Kit: 102 pages)

Abstract: In 1992, amendments to the McKinney Act created the Safe Haven program, a form of supportive housing for hard-to-reach people who are homeless with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services. This tool kit has been developed to address these issues specifically and serve as a guide to help new programs avoid unnecessary administrative headaches. The kit includes eight chapters covering the key issues surrounding the creation of Safe Haven programs. They include: the Continuum of Care; planning, designing, siting, and financing Safe Haven housing; the challenge and opportunity of NIMBY; outreach, engagement, and service delivery; crisis management; transitions from Safe Havens; program rules and expectations; and staffing issues.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #:   8483

Authors: Orwin, R.G., Mogren, R.G., Jacobs, M.L., Sonnefeld, L.J.

Title: **Retention of Homeless Clients in Substance Abuse Treatment: Findings from the National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program.**

Source: Journal of Substance Abuse Treatment 17(1-2): 45-66, 1999. (Journal Article: 22 pages)

Abstract: A National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program offered the first opportunity to systematically study program retention in a multisite study of interventions for homeless persons with alcohol and other drug problems. This article presents results from analyses conducted across 15 interventions and implemented at eight Cooperative Agreement sites. Key findings were: retention problems with homeless clients are as or more pervasive than in the general addicted population; the provision of housing increases retention, but the increases tend to be nullified when the housing is bundled with high-intensity services; homeless clients leave treatment programs for a multitude of reasons; and midcourse corrections to increase retention are frequently successful. The discussion focuses on service components related to retention, the importance of attention to phase transitions, and the importance of being programmatically responsive when serving this population (authors).

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Authors: Project H.O.M.E.

Title: **Project H.O.M.E.**

Source: Philadelphia, PA: Shirley Road Productions, 1998. (Videotape: 22 minutes)

Abstract: This video looks at a program in Philadelphia, operated by Sister Mary Scullion, that helps homeless individuals move from the street into permanent housing. The program has a strong emphasis on outreach and includes the following components; Women of Change, a safe haven and drug/alcohol program for women; St. Elizabeth's, a safe haven and drug/alcohol program for men; adult learning classes: job readiness and computer classes; Our Daily Threads, a clothing exchange; an after school program for children; a youth drill team; and efforts to rehabilitate old housing to create homes for homeless individuals.

Available From: Project HOME, 1515 Fairmount Avenue, Philadelphia, PA, 19130, (215) 232-7272, www.projecthome.net.

Authors: Ranz, J.M., Horen, B.T., McFarlane, W.R., Zito, J.M.

Title: **Creating a Supportive Environment Using Staff Psychoeducation in a Supervised Residence.**

Source: Hospital and Community Psychiatry 42(11): 1154-1159, 1991. (Journal Article: 6 pages)

Abstract: Based on the view that low-demand environments, incorporating graduated expectations, may be the most appropriate treatment approach for schizophrenic persons in residential care, a three-component model for creating and maintaining a calm, supportive environment in a supervised residence was developed. The model utilizes staff psychoeducation, which is based on the principles of family psychoeducation, a highly effective intervention for patients with schizophrenia. The three components of the model are training in supportive interaction, a medication-monitoring program, and a behavioral approach to problem solving. The groups' goals are encouragement of positive, low-key interactions, compliance with medications, and slow, steady rehabilitation.

Authors: Rogers, P.

Title: **Special Report: Conference on Homelessness.**

Source: Mental Health Reports 10(6): 1986. (Newsletter: 4 pages)

Abstract: This report highlights presentations at the first National Conference on Homelessness, hosted by the City of Philadelphia, Pennsylvania, in February 1986. The author summarizes the discussion by city and state officials on the problems of homelessness. He includes brief descriptions of the Philadelphia Center City Project for homeless mentally ill individuals, including the innovative "low demand" day programs and residences. The report also presents information on what has been learned in the Philadelphia program experience, for example, the understanding that the apparent deterioration of homeless people after entering residential programs was in fact a period of healing and a natural step in their progression toward rehabilitation.

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Authors: Scullion, M.

Title: **Evaluation of Women of Hope.**

Source: Philadelphia, PA: Women of Hope, 1986. (Report: 32 pages)

Abstract: This report presents the results of an evaluation of Women of Hope, a low-demand residence for seriously mentally ill and chronically homeless women in Philadelphia. The components of Women of Hope's comprehensive treatment approach, which emphasizes connecting clients with health, mental health, social services, and income supports, are described. Findings indicate that clients' service utilization patterns improved dramatically when they were in residence at Women of Hope, and that those who received the most services were also more likely to transition to permanent residential placements than back to the streets.

Authors: Segal, S., Baumohl, J.

Title: **News and Views: The Community Living Room.**

Source: Social Casework: 111-116, 1985. (Journal Article: 6 pages)

Abstract: This article is one of the earliest articulations of the need for and functions of drop-in centers for severely mentally ill and/or homeless persons. The "community living room" provides a place to be, offers survival services, is a setting for conducting case finding and case management, and provides food and shelter either directly or by referral. The program envisioned is one that serves as an effective link between society's system of formal aid and those individuals who are in serious need of assistance but whose tolerance of protocol is severely limited.

Authors: Solomon, P.

Title: **Services to Severely Mentally Disabled Homeless Persons and to Emergency Food and Shelter Provide**

Source: Psychosocial Rehabilitation Journal 12(2): 3-13, 1988. (Journal Article: 10 pages)

Abstract: This article describes a demonstration project in Ohio that serves both homeless persons with serious mental illnesses and emergency food and shelter providers. The project's services to homeless persons include outreach, case management, and the development of drop-in centers. Services to providers include training, support, consultation, and crisis backup. The project also employs consumers as caseworkers and has been integrated into a program for primary health care for homeless persons (author).

Authors: Stark, L.R., Jones, K.B., Katz, F.

Title: **Waiting it Out: Anticipating Life with Housing.**

Source: Phoenix, AZ: The Community Housing Partnership, 1999. (Report: 39 pages)

Abstract: This report examines and identifies factors which promote the successful retention of permanent housing among individuals with psychiatric disabilities. The authors interviewed 15 homeless people who were consumers at NOVA Safe Haven, a drop-in center in Phoenix. Topics discussed included: housing experience before homelessness; homeless history; expectations associated with future housing; housing preferences; employment history; and physical and mental health. The report examines the responses provided in the interviews. The authors conclude with a discussion about how these characteristics may relate to fulfilling the hope for a future with permanent housing and a return to normalcy.

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Authors: Tsemberis, S., Moran, L., Shinn, M., Asmussen, S., Shern, D.

Title: **Consumer Preference Programs for Individuals who are Homeless and Have Psychiatric Disabilities: A Drop-In Center and a Supported Housing Program.**

Source: American Journal of Community Psychology 32(3/4): 305-317, 2003. (Journal Article: 8 pages)

Abstract: In this article, the authors illustrate Fairweather's approach to Experimental Social Innovation and Dissemination with two experimental studies of programs to reduce homelessness for 168 and 225 people with mental illness and often substance abuse. Literally homeless participants were randomly assigned to programs that emphasized consumer choice or to the usual continuum of care, in which housing and services are contingent on sobriety and progress in treatment. A drop-in center that eliminated barriers to access to services was more successful than control programs in reducing homelessness, but after 24 months only 38% of participants had moved to community housing. A subsequent apartment program, in which individuals in the experimental condition moved to subsidized apartments directly from the street, with services under their control, had 79% in stable housing (compared to 27% in the control group) at the end of 6 months. According to the authors groups in this study did not differ on substance abuse or psychosocial outcomes (authors).

Authors: United States Congress.

Title: **Public Law 102-550, (H.R. 5334) Housing and Community Development Act.**

Source: Washington, DC: 102nd Congress, 1st Session 1992. (Legislation: 425 pages)

Abstract: This piece of legislation extends and amends other housing and community development laws such as the Cranston-Gonzalez National Affordable Housing Act. Among the provisions of this legislation with significance for homeless persons with serious mental illnesses are: a revision of the tenant preference system for Public and Indian Housing; changes in eligibility rules for receiving Section 8 rental assistance; revisions to the HOME Investment Partnerships program; the funding of the Section 811 program; the authorization for HUD to provide tenant-based rental assistance to homeless persons with disabilities; an extension of the original housing programs under the Stewart B. McKinney Homeless Assistance Act; authorization for the Safe Havens for Homeless Individuals Demonstration program; an extension of the Interagency Council on Homelessness; and the amendment of the Federal Emergency Management Food and Shelter Program to require grantees to involve homeless persons to the maximum extent feasible.

Authors: United States Department of Housing and Urban Development.

Title: **A Safe Place: Creating Safe Havens Training Video.**

Source: Washington, DC : U.S. Department of Housing and Urban Development, undated. (Videotape: 45 minutes)

Abstract: This video begins with the question: "How do we reach people living on the streets? Those who are hardest to reach, those who are both homeless and mentally ill, often made worse by substance abuse?" Safe Havens serve as refuges for people who are homeless with severe mental illness who have been unable to access or participate in traditional housing or supportive services. Safe Havens provide for basic needs such as food, showers, clothing, and shelter. They give people who are homeless a chance to adjust to life off the streets and to transition to permanent housing. Residents and staff are interviewed and facilities are toured in three cities: Project H.O.M.E. in Philadelphia, Pennsylvania; Harbor House in Seattle, Washington; and Pathfinder in Lowell, Massachusetts.

Available From: U.S. Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410, (202) 708-1112, www.hud.org

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Order #:   **634**

Authors: United States Department of Housing and Urban Development.

Title: **SAFAH Grants: Aiding Comprehensive Strategies for the Homeless.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1988. (Report: 85 pages)

Abstract: This volume presents descriptions of 12 programs that illustrate the diverse responses of American communities to the plight of homeless people - and particularly homeless families. The programs are recipients of SAFAH (Supplemental Assistance for Facilities to Assist the Homeless) grants. The grantees in this report are using SAFAH funds to provide transitional shelter, support services for individuals, families, and victims of domestic violence, and a safe haven for chronically homeless elderly men. Among the services discussed are day shelters for children, job and housing counseling, and general case management to link homeless individuals and families with available community resources.

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org. (COST $3.00)

Order #:   **2169**

Authors: United States House of Representatives.

Title: **H.R. 4300, Stewart B. McKinney Homeless Assistance Amendments.**

Source: 102nd Congress 2nd Session, February 1992. (Legislation: 54 pages)

Abstract: This legislation authorizes amendments to the Stewart B. McKinney Homeless Assistance Act to extend programs providing urgently needed assistance for the homeless. The broadest change included in the amendments is a new requirement that all recipients of McKinney funds, with a few exceptions such as states, include at least one homeless or formerly homeless individual on their board or governing bodies. Another modification to the Act is the merger of the two Supportive Housing programs with the Supplemental Assistance for Facilities to Assist the Homeless (SAFAH) program. The Shelter Plus Care program was modified to include four parts: tenant-based rental assistance, project-based rental assistance, sponsor-based rental assistance, and Section 8 SRO moderate rehabilitation. In addition, changes were made to the SRO Housing program that allow nonprofits to apply directly to the Department of Housing and Urban Development (HUD). The amendment also created two new programs including the Rural Homelessness Grant program and the Safe Havens program.

Available From: National Housing Law Project, 1012 Fourteenth Street NW, Suite 610, Washington, D.C. 20005, (202) 347-8775, www.nhlp.org/html/pubhsg/Rucker%20AARP%20Amicus%20FINAL.PDF

Order #:   **10886**

Authors: White, A., Kirk, C., Wagner, S.

Title: **Transitions From Safe Havens.**

Source: New York, NY: Center for Urban Community Services, 1997. (Unpublished Paper: 13 pages)

Abstract: Safe Havens offer a residence to people with mental illness who have been unable to participate in other housing and services. The initial goal of the Safe Haven is to engage residents in living in the Safe Haven; the ultimate goal is to facilitate access to permanent housing. Safe Havens must hold these two goals in balance. The engagement process, service program, policies and procedures, staffing patterns, and building design must be developed with both goals in mind. This paper describes an approach to facilitate the transition of hard to engage homeless people with serious and persistent mental illness who are living in Safe Havens to other housing settings. Examples have been drawn form Safe Havens operating in Philadelphia, Chicago, Honolulu, New York, and Burlington (authors).

Available From: Center for Urban Community Services, 120 Wall Street, 25th Floor, New York, New York 10005, (212) 801-3300, www.cucs.org.

Order #: **11502**

Authors: Zerger, S.

Title: **Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2002. (Literature Review: 62 pages)

Abstract: This new review of published literature on substance abuse treatment for homeless individuals summarizes substantive research findings on the efficacy of specific treatment modalities, addresses issues of engaging and retaining homeless individuals in treatment programs, and describes some assumptions and issues underlying this body of published research. This paper was prepared in collaboration with a group of Health Care for the Homeless clinicians, administrators, and researchers. This project was supported through a grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services, to the National Health Care for the Homeless Council, Inc. (authors).

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf.